

# 2011 South Dakota Military Youth and Teen Camps

Sponsored by Operation Military Kids and the SD National Guard Youth Program

2823 West Main Street, Building 509  
Rapid City, South Dakota 57702



Dear Military Families,

Operation Military Kids (OMK) and the South Dakota National Guard Youth Program will be sponsoring two exciting camps for Military Youth this summer. The **SD Military Youth Camp** is for 10 - 13 year olds and will be held July 18<sup>th</sup>-22<sup>nd</sup> at Camp Bob Marshall near Custer, SD, and the **SD Military Teen Camp** is for 14 - 17 year olds and will be held June 6<sup>th</sup>-10<sup>th</sup> in conjunction with the annual 4H Teen Leadership Conference (TLC) at SDSU in Brookings, SD.

**Youth and Teen Camp** are for children, grandchildren, siblings, or legal dependants of South Dakota Military members or retired members. The deadline for applications is **July 1<sup>st</sup> for Youth Camp and April 30<sup>th</sup> for Teen Camp**. After April 30<sup>th</sup>, applications to Teen Camp will be accepted on a space-available basis. Transportation is available for applicants from across the state. There is a \$60.00 registration fee for both camps and all meals, activities, lodging, and transportation will be covered through OMK and the Camp fund. For Teen Camp, OMK will be covering additional costs, as well as \$125 of the actual \$185 registration fee for the 4H Teen Leadership Conference.

We will accept 120 youth for Youth Camp and 50 youth for Teen Camp. These two weeks will be packed full of fun, but the most important goal of the SD Military Youth and Teen Camps is to bring together youth ages 10 - 17, whose parents or relatives belong to any SD Military Branch. These exceptional youth will have the opportunity to meet others who have parents and family in the military and to learn basic leadership and teambuilding skills. In addition, the camps promote military values and character development, as well as building self-esteem and self-confidence.

These camps would not be possible without **VOLUNTEERS!** You can volunteer for one day or for multiple days. Volunteers can also include Military Members on a volunteer status, spouses, siblings, and retired members. If you are interested, please fill out the attached volunteer application. Help make a difference in the life of a military child!

If you have any questions about the SD Military Youth and Teen Camps, please don't hesitate to contact us.

Thank you for your service and support!

Taryn Broomfield  
State Youth Specialist  
BPSI Contract Employee  
2823 W Main St. Bldg. 509  
Rapid City, SD 57702  
605-737-6919  
[taryn.broomfield@us.army.mil](mailto:taryn.broomfield@us.army.mil)

Send applications to  
the address or  
email listed.

Please indicate if  
you want to assist  
with Youth Camp  
and/or Teen Camp

**South Dakota Military Youth/Teen Camp**  
**ATTN: Taryn Broomfield, State Youth Specialist**

2823 West Main Street, Bldg 509  
Rapid City, South Dakota 57702-8186  
(605) 737-6919 or 1-800-658-3930  
[taryn.broomfield@us.army.mil](mailto:taryn.broomfield@us.army.mil)

## Adult Volunteer Application

*\*Eligible volunteers also include South Dakota military members on volunteer status,  
retired members, their spouse, or legal dependant*

**I am volunteering for the YOUTH or TEEN Camp**  
(Circle One or both)

Date:

**Applicant Name**

**Other Names**  
(maiden, alias, etc.)

**Home Address**

**City, State, Zip**

**Home Phone**

**SSN\***

**Sex:**

☐ Male ☐ Female

**Date of Birth**

**E-mail Address**

**Work Phone**

**Military Affiliation:**

☐ Air National Guard

☐ Retired Air

☐ Dependant Air

☐ Army National Guard

☐ Retired Army

☐ Dependant Army

☐ Reserves

☐ Spouse

☐ Other (OMK, etc.)

**If Dependant:**

**Military member's name**

**Military member's unit**

**T-Shirt Size:**

☐ Small

☐ Medium

☐ Large

☐ X-Large

☐ XX-Large

☐ I have prior red Youth Camp  
counselor t-shirts that I will be  
using in lieu of being provided  
with new t-shirts.

**I am interested in the following positions:**

☐ Administration

☐ Counselor

☐ Volunteer

☐ Medical Staff

☐ Security

☐ Recreational Activities

**What is your reason for wanting to volunteer with the Youth and/or Teen Camp?**

**List any experience you have working with children.**

**Do you have any formal training that you would like to share?**

*(Please let us know if you hold any current certifications ( i.e. first aid, CPR, water safety, boating, etc.)*

\*Social Security Numbers are required to conduct appropriate Criminal Background Checks. This information will not be released to the public.

**References:** Please list two people who are familiar with your character in relation to working with youth. Please include a complete mailing address to avoid delays in screening.

Name  
Address  
City, State, Zip  
Phone

Name  
Address  
City, State, Zip  
Phone

**Emergency Contacts:** Please list the name, phone number, and relationship of two people that we may contact in case of an emergency.

Name  
Phone Number  
Relationship

Name  
Phone Number  
Relationship

**Medical Information:**

- |                                                       |                              |                             |
|-------------------------------------------------------|------------------------------|-----------------------------|
| 1. Are you presently being treated by a physician?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you presently taking prescription medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you allergic to any medications?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have any allergies?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***If you have answered yes to any of these questions, please explain:***

Family Physician  
Clinic  
Phone Number

Dentist  
Clinic  
Phone

Health Insurance &  
Policy/Group Number

**Additional Information:**

1. Do you use illegal drugs? ☐ Yes ☐ No
2. Have you ever been arrested for or charged with a crime involving a child? ☐ Yes ☐ No
3. Have you ever been charged with child neglect or abuse? ☐ Yes ☐ No
4. Have you ever been asked to resign because of, or been decertified, for a sexual offense? ☐ Yes ☐ No

Other than the above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people?

☐ Yes ☐ No

***If you have answered yes to any of these questions, please explain:***

***Important – Please read the following information carefully.  
These boxes must be completed to participate as a volunteer.***

**Authorization for treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test and treatment; to release any records necessary for insurance purposes, and to give permission to the physician selected to secure and administer treatment, including hospitalization, for the purpose named above. The completed forms may be photocopied for trips outside of camp.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**I understand that:**

- a. The information that I have provided may be verified by contacting references named in this application, or any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information; the State of South Dakota, the South Dakota National Guard, its employees and volunteers thereof, and OMK.
- b. I understand that as part of my application process, a police background check will be made through our local law enforcement agency, and I may be required to complete a health form which will be reviewed by our medical personnel.
- c. In signing this application, I agree to abide by the decisions of the SD Military Youth and Teen Camp Boards, and understand that the leadership is not based on military rank or position. I also agree to assist in all duties assigned, including set-up and clean-up.
- d. I affirm that all of the information provided is true and correct, to the best of my knowledge.
- e. I desire to volunteer my services to the South Dakota Military Youth and/or Teen Camp. I agree that my services are being performed as a volunteer and that I do not expect present or future salary, wages or related benefits as payment or reimbursement for these volunteer services.
- f. I give my permission for the release of my name, address, and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the South Dakota Military Youth and/or Teen Camp.
- g. This form is being signed under penalty of perjury.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**